

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 2, 1992

Reason for this Transmittal	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law Change
<input checked="" type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input type="checkbox"/>	Initiated by SDSS

ALL COUNTY LETTER NO. 92- 51

TO: ALL COUNTY WELFARE DIRECTORS
AFDC COORDINATORS
GAIN COORDINATORS

SUBJECT: CRARY v. McMAHON COURT ORDER

REFERENCES: ALL COUNTY LETTER NO.s 90-86 AND 91-24

On August 3, 1990, the Superior Court for the County of Sacramento issued an order directing the Department of Social Services and county welfare departments to restore to affected persons all GAIN supportive services moneys inappropriately withheld because of transportation expense limitations. The order is the result of the Crary v. McMahon lawsuit.

The prospective portion of the Court Order was implemented on September 12, 1990 with ACL No. 90-86 and clarified with ACL 91-24, dated March 20, 1991. The purpose of this ACL is to implement the retroactive portion of the Crary v. McMahon Court Order. To ensure a uniform claim period, the affected counties must not implement the retroactive portion of the Crary Court Order before July 1, 1992 unless approved by the Employment Program Operations Bureau in advance.

As a part of the notification process, the Department will send a Crary Informing Card (Temp GAIN 64) to all Medi-Cal recipients who are medically-needy-only in the affected counties. The responsible counties are: Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Lake, Lassen, Madera, Mendocino, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, San Benito, San Bernardino, San Diego, San Francisco, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Tehama, Trinity, Ventura, Yolo and Yuba. (Kings and Tuolumne Counties are exempt from implementation since they have already met the requirements of the Court Order.)

Crary class members are those GAIN participants who drove a vehicle to and from their approved GAIN activity and were:

1) paid a flat rate for travel expenses to get to and from their GAIN activities no matter how many miles they drove; 2) paid the rate of public transportation even though the public transportation took two hours or more to get to and from their GAIN activity (the two hours includes transfers but does not include the time to take children to school or child care); or 3) reimbursed at a mileage rate less than what county employees received for privately owned vehicles used for county business. The retroactive period for this lawsuit is from December 1, 1986 through March 31, 1991.

The affected counties are directed to either:

1. Identify all former and current GAIN participants within the retroactive period whose transportation expenses were incorrectly limited, calculate any corrective underpayment and issue a notice of action (NOA); or
2. Identify all former and current GAIN participants within the retroactive period who received transportation supportive services and send a Crary Claim Form (Temp GAIN 66); or
3. Mail a Temp GAIN 66 to all current AFDC recipients.

Counties who cannot identify all former and current GAIN participants who received transportation supportive services during the retroactive period must mail a Temp GAIN 66 to all current AFDC recipients. The Temp GAIN 66 may be mailed in a separate mailing, with another notice or with the AFDC CA-7.

To notify former GAIN participants no longer receiving aid, the affected counties will be furnished posters (Temp GAIN 65) in English and Spanish with bullets in Laotian, Vietnamese, Chinese and Cambodian. The posters will be sent to the affected counties under separate cover on or before June 15, 1992. The posters are to be displayed in Food Stamp outlets, GAIN offices and welfare offices from July 1, 1992 through September 30, 1992.

In addition, the affected counties are directed to provide posters to child care Resource and Referral agencies within the county, as well as basic educational facilities and training providers under contract with the county, community colleges, State colleges and universities in which GAIN participants attended. The NOA messages translated into Spanish and the four standard Asian languages will be sent to the affected counties by Language Services under a separate cover.

Enclosed are the following materials:

- o An advance copy of the emergency regulations to be used for implementation.

- o Reproducible copies of the Temp GAIN 66 in English and Spanish.
- o Reproducible copies of NOA forms (M50-021A through M50-021C) in English.
- o Statistical Reporting Form (GEN 1172).

To plan and prepare for the July 1, 1992 date, counties should use the enclosed draft copy of emergency regulations. The regulations will be filed on or before June 1, 1992 and will have an effective date of July 1, 1992. The counties will receive an adopted copy of the Crary regulations approved by the State Office of Administrative Law as soon as they are available.

AFDC/Food Stamps

For the purpose of the AFDC Program, any retroactive GAIN transportation payments, pursuant to this court order, are not to be considered as income or as a resource in the month paid nor in the following month as specified in MPP 44.340.6 and WIC 11004(k).

For the purpose of the Food Stamp Program, any retroactive GAIN transportation payments made to Food Stamp households will be considered nonrecurring lump sum payments and as such will be excluded from income (MPP 63-502.2(j)). However, these payments will be counted as a resource in the month received in accordance with MPP 63-501.111. If you have any questions about the impact of these GAIN payments on the Food Stamp Program, please call Suzanne McNamee at (916) 657-3815 or (CALNET) 8-437-3815.

Overpayments

Before issuing any retroactive payments, counties must review each case to confirm that class members do not have any existing GAIN supportive services overpayment(s). Retroactive payments to class members must be offset against any outstanding overpayments.

Fiscal Claiming

Detailed claiming instructions for the retroactive portion of the Crary Court Order will follow shortly in a separate County Fiscal Letter. If there are any questions about fiscal claiming for the Crary Court Order, please call the Fiscal Policy and Procedures Bureau, Administrative Policy Unit, at (916) 654-3440 or (CALNET) 8-437-3440.

Claim Processing

Those counties who can easily identify former and current GAIN participants who are class members shall calculate the corrective payment without the GAIN participant filing a claim.

Claimants who submit a Temp GAIN 66 and who are found eligible will have their corrective underpayment calculated and paid, if appropriate, without requiring the claimant to come in person to the GAIN office.

If it is determined that the county receiving a claim is not the affected county, the receiving county shall forward the claim to the affected county for processing if the receiving county can determine who is the affected county. Counties will make every reasonable effort to assist potentially eligible persons in determining if the claimant is a class member.

Finally, the payment of interest on retroactive benefits under this Court Order is an unresolved issue. If it is determined that interest will be paid, we believe the number of people who will qualify for interest will be few. Instructions will be provided to counties under separate cover on or before June 15, 1992 regarding this issue.

Statistical Report

The GEN 1172 (3/91) is due no later than March 1, 1993 and is to be submitted to the Statistical Services Bureau.

If you have any questions or need any assistance regarding the retroactive provisions of the Crary v. McMahon Court Order or the attached materials, please contact Ms. Pat Loader at (916) 654-1770 or (CALNET) 8-464-1770.



MICHAEL C. GENEST
Deputy Director

cc: CWDA

CRARY V. MCMAHON CLAIM FORM **GAIN MAY OWE YOU MONEY!**

Fill out this form the best you can. You must mail or bring it to us by September 30, 1992. If your claim is late, it will be denied.

At any time between December 1, 1986 and March 31, 1991:

YES NO

- ☐ ☐ Were you in the GAIN Program?
☐ ☐ Did you drive a car to and from your GAIN activities?

If you answer **YES** to **BOTH** of the above questions, we **MAY OWE** you money. Continue answering questions.

**YES NO DON'T
KNOW**

- ☐ ☐ ☐ Counting transfers, would public transportation have taken more than two hours to get you to and from your GAIN activity? (Do not count the time needed to take your children to and from school or day care.)
- ☐ ☐ ☐ Did GAIN pay you the same amount of money each day, week or month no matter how far you drove a car to and from your GAIN activities? (EXAMPLE: flat rate or a "cap" of \$5.00 per day rather than money for each mile you drove.)
- ☐ ☐ ☐ Did GAIN pay you for less than all the miles you drove a car to get to and from your GAIN activities?

If you answer **NO** to **ALL THREE** questions above, we **DO NOT** owe you money. **DO NOT SEND THIS FORM TO THE GAIN OFFICE.**

- "Si usted estaba en el Programa GAIN y condujo un automóvil para ir y venir a sus actividades de GAIN, es posible que le debamos dinero. Llame a su trabajador(a) de GAIN o al número gratuito 1-800-568-0969 para obtener más datos."
- "Nếu quý vị đã có ở trong Chương Trình GAIN và đã lái xe để đến các địa điểm sinh hoạt của Chương Trình GAIN đi và về, chúng tôi có thể còn trả thiếu quý vị tiền. Để biết thêm về các sự kiện, xin gọi cho nhân viên Chương Trình GAIN của quý vị hay cho số điện thoại miễn phí 1-800-952-5253."
- "如果你屬於擴展自立機會計劃 (GAIN) 項目，並且來回駕車至 GAIN 活動場所，我們可能欠你錢。請打電話給你的 GAIN 工作人員，或者打電話號碼 1-800-952-5253 以知道更多的情況。"
- "ຖ້າຫາກວ່າທ່ານເຄີຍໄດ້ເຂົ້າຢູ່ໃນໂຄງການ GAIN ແລະກໍ່ໄດ້ຂັບລົດໄປແລະກັບຈາກສະຖານທີ່ກິດຈະການ GAIN ຂອງທ່ານແລ້ວ, ພວກຂ້າພະເຈົ້າອາດຕິດເງິນທ່ານ. ໂທຫາພະນັກງານ GAIN ຂອງທ່ານ ຫລືໂທໂປຍັງເລກ 1-800-952-5253 ເພື່ອເອົາລາຍລະອຽດເພີ່ມເຕີມ"
- "បើសិនជាលោកអ្នកនៅក្នុងកម្មវិធីហ្គេន (GAIN) ហើយលោកអ្នកបានបើកបររថយន្តទៅមកពីកន្លែងសកម្មភាពហ្គេនរបស់លោកអ្នក យើងអាចជំពាក់ប្រាក់លោកអ្នក ។ សូមទូរស័ព្ទទៅអ្នកកាន់ស្តាំរៀងនៃកម្មវិធីហ្គេនរបស់លោកអ្នក ឬក៏ទូរស័ព្ទទៅលេខ 1-800-952-5253 ដើម្បីទទួលព័ត៌មានបន្ថែម ។"

If you need more facts, call 1-800-568-0969.

YOUR NAME _____

Name you used while in the GAIN program

Date of Birth _____ / _____ / _____

Social Security Number _____ - _____ - _____

Current Address Number/Street

City/State/Zip Code

Telephone number () _____

FILL OUT AS MANY SPACES AS YOU CAN:

County where you were in GAIN program:

Address where you lived while you were in GAIN program (if different than current address):

Address Number/Street

City/State/Zip Code

Dates you were in GAIN program:

If GAIN does not have enough facts to tell you if GAIN owes you money, GAIN will call or send a notice to ask for more facts. If GAIN denies your claim, GAIN will send a notice telling you why and how you can ask for a State hearing.

If you do not hear from GAIN within 30 days after sending your claim, call your GAIN worker. GAIN may NOT have received your claim.

You must give your social security number. GAIN cannot approve your claim without it. GAIN may use your number to get facts from your school or other public agencies.

SOCIAL SECURITY ACT, SECTION 402(a)(25)

I declare under penalty of perjury under the laws of the United States of America and the State of California that to the best of my knowledge the facts in this statement are true, correct and complete.

SIGNATURE

DATE

FORMA DE RECLAMO CRARY vs. MCMAHON **¡POSIBLEMENTE GAIN LE DEBA DINERO!**

Llene esta forma lo mejor que pueda. Tiene que enviárnosla o traérnosla a más tardar el 30 de septiembre de 1992. Si su reclamo llega tarde, será negado.

En cualquier momento entre el 1 de diciembre de 1986 y el 31 de marzo de 1991:

SI NO

- ☐ ☐ ¿Estuvo usted en el Programa GAIN?
☐ ☐ ¿Condujo usted un automóvil para ir y venir a sus actividades de GAIN?

Si contestó **SI** a **AMBAS** preguntas de arriba, **ES POSIBLE** que le **DEBAMOS** dinero. Continúe contestando las preguntas.

SI NO NO
SE

- ☐ ☐ ☐ Tomando en cuenta los transbordos, ¿le hubiera tomado más de dos horas para ir y venir a su actividad de GAIN utilizando transporte público? (No cuente el tiempo necesario para llevar a sus hijos a la escuela o la guardería y recogerlos.)
- ☐ ☐ ☐ ¿Le pagó GAIN la misma cantidad de dinero cada día, semana o mes, sin importar lo lejos que usted condujo un automóvil para ir y venir a sus actividades de GAIN? (POR EJEMPLO: una tasa fija o un "máximo" de \$5.00 por día, en vez de dinero por cada milla que haya conducido.)
- ☐ ☐ ☐ ¿Le pagó GAIN menos millas que el total que condujo un automóvil para ir y venir a sus actividades de GAIN?

Si contestó **NO** a **LAS TRES** preguntas anteriores, **NO** le debemos dinero. **NO ENVIE ESTA FORMA A LA OFICINA DE GAIN.**

- "If you were in the GAIN Program and drove a car to and from your GAIN activities, we may owe you money. Call your GAIN worker or 1-800-568-0969 to get more facts."
- "Nếu quý vị đã có ở trong Chương Trình GAIN và đã lái xe để đến các địa điểm sinh hoạt của Chương Trình GAIN đi và về, chúng tôi có thể còn trả thiếu quý vị tiền. Để biết thêm về các sự kiện, xin gọi cho nhân viên Chương Trình GAIN của quý vị hay cho số điện thoại miễn phí 1 - 800 - 952 - 5253."
- "如果你屬於擴展自立機會計劃 (GAIN) 項目，並且來回駕車至 GAIN 活動場所，我們可能欠你錢。請打電話給你的 GAIN 工作人員，或者打電話號碼 1-800-952-5253 以知道更多的情況。"
- "ຖ້າຫາກວ່າທ່ານເຄີຍໄດ້ເຂົ້າຢູ່ໃນໂຄງການ GAIN ແລະກໍໄດ້ຂັບລົດໄປແລະກັບລົກສະຖານທີ່ຈາກການ GAIN ຂອງທ່ານແລ້ວ, ພວກຂ້າພະເຈົ້າອາດຕິດເງິນທ່ານ. ໂທຫາພນັກງານ GAIN ຂອງທ່ານ ຫລືໂທໄປຍັງເລກ 1-800 - 952-5253 ເພື່ອເອົາລາຍຮອດເພີ່ມເຕີມ"
- "បើសិនជាលោកអ្នកនៅក្នុងកម្មវិធីហ្គេន (GAIN) ហើយលោកអ្នកបានបើកបររថយន្តទៅកម្មវិធីសកម្មភាពហ្គេនរបស់លោកអ្នក យើងអាចជំពាក់ប្រាក់លោកអ្នក ។ សូមទូរស័ព្ទទៅអ្នកគាំទ្រស្ថាប័នហ្គេនរបស់លោកអ្នក ឬក៏ទូរស័ព្ទទៅលេខ 1-800 - 952-5253 ដើម្បីទទួលបានព័ត៌មានបន្ថែម" ។

Si necesita más datos, llame al 1-800- 568-0969.

SU NOMBRE _____

Nombre que usó usted mientras estaba en el programa GAIN

Fecha de nacimiento _____ / _____ / _____

Número del Seguro Social _____ - _____ - _____

Dirección actual Número/Calle

Ciudad/Estado/Zona Postal

Número de teléfono () _____

LLENE TANTOS ESPACIOS COMO PUEDA:

Condado en el que estaba en el Programa GAIN:

Dirección donde vivía mientras estuvo en el Programa GAIN (si es diferente de la dirección actual):

Dirección Actual Número/Calle

Ciudad/Estado/Zona Postal

Fechas en que usted estuvo en el Programa GAIN:

Si GAIN no tiene suficientes datos para decirle si el programa le debe dinero, alguien del Programa GAIN le llamará, o enviará una notificación pidiéndole más datos. Si GAIN niega su reclamo, alguien del programa le enviará una notificación diciéndole la razón y la manera en que puede solicitar una audiencia con el estado.

Si no recibe noticias de GAIN en un plazo de 30 días después de enviar su reclamo, llame a su trabajador(a) de GAIN. Es posible que GAIN NO haya recibido su reclamo.

Usted tiene que dar su número del Seguro Social. GAIN no puede aprobar su reclamo sin el número. Es posible que GAIN use su número para obtener datos de su escuela u otras dependencias públicas.

SECCION 402(a)(25) DEL DECRETO DEL SEGURO SOCIAL

Declaro bajo pena de perjurio, en conformidad con las leyes de los Estados Unidos de América, y del Estado de California, que según mi leal saber y entender, los datos en esta declaración son verdaderos, correctos y completos.

FIRMA

FECHA

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____, the County has approved your back transportation payment of \$ _____.

Here is why:

You were not paid for all the mileage you traveled to get to and from your GAIN activity. A court order says we must pay mileage if public transportation is not available. This is to pay the amount you should have gotten.

Your back transportation payment is figured on the next page.

- ☐ A check will be sent soon.
- ☐ A check is enclosed.

This check will not be counted as income if you are on cash aid.

If you get Food Stamps, we will count it as a resource.

- ☐ You will get another notice from Food Stamps.

Rules: These rules apply; you may review them at your GAIN office: MPP 50-021, Crary v. McMahon

Page _____ of _____

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case : _____
Name : _____
Number : _____

Your payment adjustment is figured as follows:

MONTH & YEAR _____

Mileage you claimed _____

Mileage approved _____

Mileage rate you should have been given X \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Amount you should have been paid \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Amount we paid you — \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Amount we owe you = \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

MONTH & YEAR _____

Mileage you claimed _____

Mileage approved _____

Mileage rate you should have been given X \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Amount you should have been paid \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Amount we paid you — \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Amount we owe you = \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Rules: These rules apply; you may review them at your GAIN office: MPP 50-021, Crary v. McMahon

Page _____ of _____

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

┌ _____ ┐
└ _____ ┘

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

We have denied your claim for back transportation payments for the period of _____ through _____.

Here is why:

Between December 1, 1986 and March 31, 1991:

- ☐ You were not in GAIN.
- ☐ You got the right amount for GAIN transportation payments.
- ☐ You did not get transportation supportive services while you were in GAIN.
- ☐ You did not give us your claim by September 30, 1992.
- ☐ You did not return a completed claim form by _____ as we asked in our Notice of Action dated _____.
- ☐ You were not in the GAIN Program in this County.
- ☐ This claim must go to the county where you got transportation supportive services between December 1, 1986 and March 31, 1991.
 - ☐ You must send your claim to the right County by _____.
 - ☐ We have sent your claim to _____ County. You will get another notice from them.
- ☐ Other:

Rules: These rules apply; you may review them at your GAIN office: MPP 50-021, Crary v. McMahon

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)



Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

The County needs more facts on your Crary v. McMahon claim you gave us on _____.

Fill in the circled parts of the attached claim form.

Send or bring the completed claim form to the

_____ Office

at _____
ADDRESS

by _____
DATE

If we don't have it by this date, your claim will be denied.

Rules: These rules apply; you may review them at your GAIN office: MPP 50-021, Crary v. McMahon

State of California
Department of Social Services

Ma al Msg. No.:50-021A1(Crary)
Action: Approval
Reason: Crary v. McMahon
Title: Retro. Benefits
Form No.:
Effective Date: 07/01/92
Ending Date :
Regulation Cite.: 50-021, 42-750.4, 63-502.2(j) and 44-102

Auto ID No.:
Source: GAIN

MESSAGE:

As of _____, the County has approved your back transportation payment for \$_____.

Here's why:

You were not paid for all the mileage you traveled to get to and from your GAIN activity. A court order says we must pay mileage if public transportation is not available. This is to pay you the amount you should have gotten on _____.

Your back transportation payment is figured on this notice.

[] A check will be sent soon.

[] A check is enclosed.

If you are on cash aid, this check will not be counted as income.

If you get Food Stamps, we will count it as a resource.

[] You will get another notice from Food Stamps.

Your transportation adjustment is figured as follows:

MONTH & YEAR

Mileage you claimed	_____	_____	_____	_____
Mileage approved	_____	_____	_____	_____
Mileage rate you should have been given	X \$ _____	\$ _____	\$ _____	\$ _____
Amount you should have been paid	\$ _____	\$ _____	\$ _____	\$ _____
Amount we paid you	- \$ _____	\$ _____	\$ _____	\$ _____
Amount we owe you	= \$ _____	\$ _____	\$ _____	\$ _____

You can call your GAIN Worker if you think this notice is wrong.

INSTRUCTIONS: Use this message to approve corrective underpayments under the Crary court order.

Enter the date the determination was made and the amount of the underpayment. As applicable, enter the day/week/month year the money should have been paid in second paragraph. Check the appropriate boxes and complete all other applicable information. The mileage rate to be used for calculating corrective payments is the rate used at the point in time of the retroactive claim period.

State of California
Department of Social Services

Manual Msg. No.: 50-021B(Crary)
Action : Deny
Reason: Crary v. McMahon
Title: Retro. Benefits
Form No.:
Effective Date : 07/01/92
Ending Date :

Auto ID No. :
Source : GAIN
Regulation Cite: 50-021, 42-750.4

MESSAGE:

We have denied your claim for back transportation payments for the period of _____ through _____.

Here's why:

Between December 1, 1986 and March 31, 1991:

- ☐ You were not in the GAIN.
- ☐ You got the right amount for GAIN transportation payments.
- ☐ You did not get supportive services for transportation while you were in GAIN.
- ☐ You did not turn in your claim by September 30, 1992.
- ☐ You did not return a completed claim form by _____ as we asked in our Notice of Action dated _____.
- ☐ You were not in the GAIN Program in this County.
- ☐ This claim must go to the County where you got transportation supportive services between December 1, 1986 and March 31, 1991.
- ☐ You must send your claim to the right County by September 30, 1992.
- ☐ We have sent your claim to _____ County. You will get another notice from them.
- ☐ Other:

You can call your GAIN worker if you think this notice is wrong.

INSTRUCTIONS:

Use to deny corrective underpayments under the Crary Court Order. Complete the dates for period of denial. Check appropriate box(es) and complete all other applicable information. When checking the "other" box, specify the reason for the action.

State of California
Department of Social Services

Manual Msg. No.: 50-021C(Crary)
Action: Request for Information
Reason: Crary v. McMahon
Title: Retro. Benefits
Form No. :
Effective Date : 07/01/92
Ending Date :

Auto ID No. :
Source : GAIN
Regulation Cite: 50-021, 42-750.4

MESSAGE:

The County needs more facts on your Crary v. McMahon claim dated _____.

Fill in the circled parts of the attached claim form.

Send or bring the completed claim form to the _____

Office at _____
Address

by _____. If we do not have it by this
(date)
date, your claim will be denied.

You can call your GAIN Worker if you think this notice is wrong.

INSTRUCTIONS:

Use this notice to obtain additional information to complete reviewing a claim filed under the Crary court order. In first sentence, state date claim was received by county. In the third sentence, specify what office you want the claimant to send or take the claim form and the address of the office. The date the claimant must return the claim form shall be 30 calendar days from the date this notice is mailed to claimant.

STATISTICAL REPORT

SEND ONE COPY TO: Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 19-81
Sacramento, California 95814
(916) 322-2230

CRARY V. MCMAHON

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE

MARCH 1, 1993

THIS REPORT IS

☐ ORIGINAL

☐ REVISION _____

CLAIM PERIOD

FROM: JULY 1, 1992

TO: SEPTEMBER 30, 1992

1. Total claim forms mailed/handed out _____
2. Total number of claim forms received _____
3. Total number of cases county identified _____
4. Total number of people paid through case review _____
5. Total number of claims approved _____
6. Total number of claims denied:
 - a. Untimely _____
 - b. Incomplete _____
 - c. Claimant was not a member of the class _____
 - d. Wrong County w/referral _____
 - e. Wrong County _____
 - f. Other denials _____
7. Total benefits paid _____

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

HANDBOOK BEGINS HERE

.1 Background.

The Crary v. McMahon lawsuit challenged the State Department of Social Services' (SDSS) policy of not paying AFDC recipients participating in the Greater Avenues for Independence (GAIN) Program for transportation costs the participants incurred to travel to and from their GAIN activities in accordance with the Manual of Policy and Procedures (MPP) 42-750.41. On August 3, 1990, the Sacramento County Superior Court issued an Order Granting Peremptory Writ of Mandate. Under the terms of the Order, SDSS and county welfare departments must restore to affected persons all supportive services moneys unlawfully withheld because of transportation expense limitations.

HANDBOOK ENDS HERE.

.2 Definitions.

For the purpose of these regulations:

- a. "ABCDM 288" means the Release of Information Form which is used to obtain documentation when the claimant does not have the necessary information or is unable to provide such information.
- b. "Claim period" means the time in which a person may file a claim for corrective underpayment. The claim period shall be 90 days starting July 1, 1992 and ending midnight September 30, 1992.
- c. "Class members" means those individuals who drove a vehicle to and from their GAIN activities and asked to be reimbursed for the costs but:
 1. Were paid a flat rate for travel expenses to get to and from their GAIN activities no matter how many miles they drove;
or
 2. Were paid the rate of public transportation even though the public transportation took two hours or more to get to and from their GAIN activity. The two hours included transfers but did not include the time to take children to school or child care;
or
 3. Were paid mileage rate less than what county employees were reimbursed for the use of privately owned vehicles used for county business.
- d. "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.

- e. "GEN 1172 (3/91)" (Statistical Form) means the statistical report form which is to be used to gather data regarding the claims filed and paid under this Court Order.
- f. "NOA" means a notice of action (NOA) that is considered to be adequate within the meaning of MPP 22-021. A claimant is considered to be informed of the outcome of a claim when the claimant is provided with a NOA.
- g. "Responsible county" means the GAIN Office that took an action on which the claimant's claim is based.
- h. "Retroactive benefits" means the corrective underpayment of funds inappropriately withheld.
- i. "Retroactive period" means the period from December 1, 1986 through March 31, 1991.
- j. "Temp GAIN 64 (7/92)" (Informing Card) means the document mailed with the Medi-Cal cards to current Medically Needy Only (MNO) recipients to inform potentially affected persons of possible corrective underpayments for transportation costs.
- k. "Temp GAIN 65 (7/92)" (Informing Poster) means the document used to notify former and current GAIN participants of possible corrective underpayments for transportation costs.
- l. "Temp GAIN 66 (7/92)" (Claim Form) means the document used to file a claim for this Court Order.

.3 Informing of Possible Retroactive Benefits.

.31 SDSS Responsibilities.

SDSS shall:

- .311 Include Temp GAIN 64 (7/92) with the Medi-Cal cards issued to medically-needy-only the month of July 1992. Temp GAIN 64 (7/92) shall be printed in English on one side with bullets in the five standard languages on the other.
 - (a) The English version shall inform potentially eligible persons of possible retroactive benefits for travel expenses incurred by GAIN participants who drove a car to and from their GAIN activities and requested payment of such costs.
 - (b) The bullets shall state: "GAIN may owe you money if you drove a car to and from your GAIN activity. Call your GAIN worker or 1-800-XXXX to get more facts."
- .312 Print Temp GAIN 65 (7/92) and 66 (7/92) in English and Spanish with bullets in Vietnamese, Laotian, Chinese and Cambodian.

.313 Provide counties with a:

- (a) Reproducible copy of the Temp GAIN 66 (7/92).
- (b) Supply of Temp GAIN 65 (7/92). The Temp GAIN 65 (7/92) shall be displayed from July 1, 1992 through September 30, 1992.

.314 Provide counties with reproducible copies of NOAs in English and the five standard languages.

.315 Mail copies of Temp GAIN 65 (7/92) to social and legal services organizations of plaintiffs' choice. Plaintiffs' attorneys shall provide SDSS with mailing labels.

.316 Provide public service announcements and news releases to the media two weeks before the beginning of the claim period and two weeks before the end of the claim period.

.32 Responsible Counties.

Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Lake, Lassen, Madera, Mendocino, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, San Benito, San Bernardino, San Diego, San Francisco, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Tehama, Trinity, Ventura, Yolo and Yuba.

Kings and Tuolumne Counties are exempt from implementation since they have already met the requirements of the Court Order.

.33 County Responsibilities.

.331 Counties shall, either:

- (a) Within the first 60 days of claim period, identify all former and current GAIN participants within the retroactive period whose transportation expenses were incorrectly limited, calculate the corrective underpayment and issue a NOA [see MPP 50-021.531]; or
- (b) By July 1, 1992, identify all former and current GAIN participants within the retroactive period who received transportation supportive services and mail a Temp GAIN 66 (7/92); or
- (c) By July 1, 1992, mail Temp GAIN 66 (7/92) to all current AFDC recipients.

.332 Place Temp GAIN 65 (7/92) in conspicuous locations in all welfare offices, GAIN offices and Food Stamp outlets [see MPP 50-021.313(b)].

.333 Provide Temp GAIN 65 (7/92) to:

- (a) Child care resource and referral agencies requesting that the posters be displayed in conspicuous locations.
- (b) Basic educational facilities and training providers under contract with the responsible counties requesting that the posters be displayed in conspicuous locations. This does not include worksite employers (OJT and PREP).
- (c) Community colleges, State colleges and universities in which GAIN participants attended, requesting that they display the informing posters in conspicuous locations on each campus.
 - (1) It is recognized and agreed that SDSS and/or counties cannot require educational institutions to display the Temp GAIN 65 (7/92).

.334 Reproduce an adequate supply of the Temp GAIN 66 (7/92) in English and Spanish.

.335 Give or mail a Temp GAIN 66 (7/92) to anyone upon request. The Temp GAIN 66 (7/92) shall be mailed within seven (7) work days after receipt of verbal or written request.

.4 Retroactive Benefits.

.41 Claimant Responsibilities.

Claimant shall:

- .411 Provide a completed, signed Temp GAIN 66 (7/92) [see MPP 50-021.521]. The Temp GAIN 66 (7/92) shall be signed under penalty of perjury.
- .412 Provide additional information, documentation or clarification upon request from county to verify Temp GAIN 66 (7/92) information [see MPP 50-021.55].
- .413 Submit Temp GAIN 66 (7/92) to the responsible county.
 - (a) The Temp GAIN 66 (7/92) shall be submitted on or before the end of claim period. If mailed, postmark must be no later than September 30, 1992.
 - (b) Claimant shall be permitted to resubmit a previously denied claim during the period from July 1, 1992 through September 30, 1992.

.42 County Responsibilities.

Counties shall:

- .421 If able, identify all former and current GAIN participants who are class members, calculate any corrective underpayment and issue a NOA within the 60 days of claim period [see MPP 50-021.53].
 - (a) The mileage rate to be used for such a calculation shall be the rate paid to county employees using a private vehicle to accomplish county business during the retroactive period.
- .422 If a claimant submits a Temp GAIN 66 (7/92), stamp with the date received.
 - (a) Retain envelopes that are postmarked after September 30, 1992.
 - (b) If the date cannot be determined by either postmark or date stamp, the date the claimant signed the Temp GAIN 66 (7/92) shall be used to determine when the claim was received.
- .423 If the Temp GAIN 66 (7/92) is postmarked after claim period, issue NOA M50-021B (7/92) within 60 days denying claim.
- .424 Attempt to locate claimant's case record named on the Temp GAIN 66 (7/92).
- .425 Maintain all documents until the end of claim period and retain all records which contain documentation relative to this Court Order for three years after the final legal claim has been submitted for federal reimbursement [MPP 23-353].
 - (a) Records included are those used to determine eligibility for the class (including denials) and those used to determine the amount of retroactive benefits.
 - (b) Records which are pertinent to the court case may include case records, payment records, assistance claims and reimbursement claims.
- .426 Review Temp GAIN 66 (7/92) to determine the responsible county.
 - (a) Process the Temp GAIN 66 (7/92) within 60 days when the receiving county is the responsible county.

- (b) If a county who receives a Temp GAIN 66 (7/92) determines that it is not the responsible county, the receiving county shall issue NOA M50-021B (7/92) denying the claim and forward the Temp GAIN 66 (7/92) to the responsible county within 15-work days from the date the Temp GAIN 66 (7/92) was received.
 - (1) The receiving county shall inform the claimant in the NOA that the Temp GAIN 66 (7/92) has been forwarded to the responsible county for processing.
 - (2) The date the Temp GAIN 66 (7/92) is submitted to the receiving county shall be the date of the claim.
- (c) If the responsible county cannot be determined, the receiving county shall issue NOA M50-021B (7/92) denying the claim and telling the claimant to resubmit the Temp GAIN 66 (7/92) to the responsible county within the claim period. The NOA shall also inform claimant of his/her right to an administrative hearing.

.5 Claim Processing.

Upon receipt of Temp GAIN 66 (7/92), the responsible county shall determine whether the claimant is a class member and take appropriate action within 60 days of when the claim is received. The county shall:

- .51 Complete processing the Temp GAIN 66, to the extent possible, without requiring claimant to come in person to the county.
- .52 Review each Temp GAIN 66 (7/92) received for completeness.
 - .521 Temp GAIN 66 (7/92) shall be considered complete when the following questions are completed:
 - (a) Qualifying class member questions:
 - (1) Were you in the GAIN Program?
 - (2) Did you drive a car to and from your GAIN activities?
 - (b) County of residence during retroactive period.
 - (c) Claimant's case name used during retroactive period.
 - (d) Claimant's social security number.
 - (e) Claimant's signature.
 - (f) Claimant's date of birth.

.522 The following information shall be provided on the Temp GAIN 66 (7/92) fully to the extent possible:

- (a) The three "Yes, No and Don't Know" questions.
- (b) The approximate date(s) claimant was in the GAIN Program.
- (c) Claimant's telephone number.
- (d) Claimant's current address.

.53 If claimant is a class member:

Issue NOA M50-021A (7/92) within 60 days explaining why the claim was approved, when payment can be expected and the formula used to arrive at the corrective underpayment [see Section 50-021.421(a)].

.531 If a county has the capability to include the warrant with the NOA, the county shall do so.

.54 If claimant is not a class member:

Issue NOA M50-021B (7/92) within 60 days explaining why the claimant is not a class member and claimant's right to file for an administrative hearing if he/she does not agree with the county's decision.

.55 Request additional information needed to complete processing Temp GAIN 66 (7/92). If Temp GAIN 66 (7/92) is inconsistent with case record or needs clarification, county shall first attempt to resolve issue(s) by telephone.

.551 Issue NOA M50-021C (7/92) within 30 days after receipt of Temp GAIN 66 (7/92) requesting the documentation, additional information or clarification if unable to resolve problem(s) by telephone.

- (a) Claimant shall have 30 days from the date of the NOA to respond to the request for additional information.
- (b) If the response is not received within the 30 days, the claim shall be denied.

.552 Request documentation if such is in the claimant's possession and necessary to support the claim.

- (a) If claimant does not have the documentation, request that the claimant sign ABCDM 228, or the county equivalent form, to allow the county to obtain documentation on behalf of the claimant.

- (b) If claimant is unable to provide the requested documentation, a declaration signed under penalty of perjury affirming the information shall be accepted in lieu of the documentation, unless there is conflicting evidence in the case record or information known to the county.

.553 Complete processing the claim within 30 days after receiving the additional information.

- (a) If the additional information establishes eligibility, issue NOA M50-021A (7/92) explaining why the claim was approved, when payment can be expected and the formula used to arrive at the corrective underpayment.

- (b) If the additional information does not establish eligibility, issue NOA M50-021B (7/92) explaining why the claim was denied and the claimant's right to an administrative hearing if the claimant does not agree with the decision.

.554 Issue NOA M50-021B (7/92) if the claimant fails to provide documentation in his/her possession or sign the ABCDM 228 or a document of self-certification in support of the claim.

.56 Process the first claim and deny any subsequent claims related to this Court Order or any other court order or settlement if more than one claim is filed for the same action.

.6 Computation of Corrective Underpayments.

.61 A corrective underpayment is not to be considered as income or a resource for AFDC grant calculation in the month received and the following month [MPP 44-340.6].

.62 A corrective underpayment shall be counted as a resource but not income in the month received for the Food Stamp Program [MPP 63-501.111].

.63 County shall offset any corrective underpayment against outstanding recoupable overpayments.

.631 For claimants no longer in the GAIN Program or on AFDC, the responsible county must still offset the retroactive payment for supportive services against any outstanding overpayment.

.64 County shall ensure that a corrective underpayment for this Court Order is not considered a part of the AFDC grant calculations even when reported on the monthly reporting document.

.7 Statistical Reporting.

.71 Counties shall submit the GEN 1172 (3/91) no later than March 1, 1993 to the Statistical Services Bureau.

.72 Report shall include the number of:

.721 Temp GAIN 66s counties mailed or handed to potentially eligible persons.

.722 Temp GAIN 66s received by counties as a claim.

.723 Cases identified by a county as receiving transportation supportive services and mailed a Temp GAIN 66.

.724 GAIN participants identified by a county as class members and issued a warrant correcting the underpayment.

.725 Claims (Temp GAIN 66) approved.

.726 Claims (Temp GAIN 66) denied because:

(a) Temp GAIN 66 was submitted after the claim period.

(b) Temp GAIN 66 was incomplete and county was unable to get the information needed from claimant to complete claim.

(c) Claimant was not a member of the class.

(d) County receiving the Temp GAIN 66 was not the responsible county. Receiving county forwarded Temp GAIN 66 to the responsible county.

(e) County receiving the Temp GAIN 66 was not the responsible county. Receiving county could not determine the responsible county.

(f) Other denials.

.727 Total benefits paid.